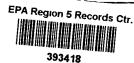
Notification Hazardous Waste Si

United States **Environmental Protection** Agency -Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must which applies sation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink if you need additional space, use separate sheets of



	,		Z	_	# 238	ILS-	000	-001	-263	
$\overline{\mathbf{A}}$	Person Required to Notify:									
	Enter the name and address of the person or organization required to notify.		Name Swift Independent Packing Company							
			Street 115 West Jackson Street							
			Street IIJ WES	5 L	. Dackson bereet	<u></u>				
			City Chicago			State	IL	Zıp Code	60604	
В	Site Location:				, _				·	
	Enter the common name (if known) and actual location of the site		Name of Site Rese	ea	rch Farm					
			Street _A	R	PAWAY RO	AD				
-			City Frankfo	rt		State	IL	Zip Code	6042	
\vec{c}	Person to Contact:	υψ	-W TIGHKIO		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Zip code		
C			Name (Last, First and	Title	D. C. Gott,	Attor	nev			
	Enter the name, title (if applicable), and business telephone number of the person				-	11660,1				
	to contact regarding information submitted on this form		Phone (312)	43	11-3543			<u></u>		
	Submitted on this form									
D	Dates of Waste Handling:							<u> </u>		
	Enter the years that you estimate waste			_	_					
	treatment, storage, or disposal began and ended at the site		From (Year) 196	2_	To (Year) 1965					
	ended at the site									
 E	Masta Turas Chassa the ent	lon vou pr	rofor to complete	_						
_	•	Waste Type: Choose the option you prefer to complete								
~	Option I: Select general waste types and so you do not know the general waste types or		ource categories If		Option 2: This option Resource Conservation					
	encouraged to describe the site in Item I—D		Description of Site		regulations (40 CFR	on and ne Part 261).	covery	ACI (NCNA	, Section 300	
	_									
	General Type of Waste: Place an X in the appropriate boxes The categories listed overlap Check each applicable category. Source of Place an boxes		f Waste: Specific Type of Waste: K in the appropriate EPA has assigned a four-digit		i ste: four-digit i	number	to each h	azardous wa:		
				listed in t		ons under	Section	1 3001 of F	RCRA Enter	
					appropriate four-digition the list of hazardous					
	category.				contacting the EPA R					
	1 🕱 Organics	1 □ M	ınına		located					
	2 🖫 Inorganics		nstruction							
	3 🖾 Solvents	3 □ Te								
	4 🖫 Pesticides		Fertilizer							
	5 🗆 Heavy metals		Paper/Printing							
	6 ☐ Acids	6 □ Le	eather Tanning						-	
	7 🛛 Bases	7 🗆 lro	on/Steel Foundry							
	8 □ PCBs		nemical, General							
	9 🗆 Mixed Municipal Waste		ating/Polishing							
	10 🗆 Unknown		ilitary/Ammunition				_			
	11 ☐ Other (Specify)		ectrical Conductors							
			ansformers						_	
			ility Companies		000060 JUN-					
			anitary/Refuse		- 400 0 0 JUN -	981				
			notofinish							
			ib/Hospital						/	
		17 □ Ui	nknown ther (Specify)							
			arch & Devel	.O	pment			/		
		Cent								
					1			/		

Form Approved OMB No. 2000-0138

EPA Form 8900-1

JUN 1 0 1981

	Notification of Hazardous Waste 5:43	Side Two	₹							
F	Waste Quantity:	Facility Type	Cotal Facility Waste Amount							
	Place an X in the appropriate boxes to indicate the facility types found at the site	 □ Piles □ Land Treatment 								
	In the "total facility waste amount" space give the estimated combined quantity	3 🗆 Landfill	gallons #100							
	(volume) of hazardous wastes at the site using cubic feet or gallons	 4. □ Tanks XXImpoundment 	Total Facility Area							
	In the "total facility area" space, give the	6. Underground Injection	square feet							
	estimated area size which the facilities occupy using square feet or acres	7 □ Drums, Above Ground8 □ Drums, Below Ground	agres 163 I							
		9. Other (Specify)	disposal site: 10,000 sq. ft							
G	Known, Suspected or Likely Releases to the Environment:									
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environmental or likely releases.		☐ Known X Suspected ☐ Likely ☐ None							
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.									
H	Sketch Map of Site Location: (Option Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	al)	,							
<u> </u>	Description of Site: (Optional)									
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing Include such information as how waste was disposed and where the waste came from Provide any other information or comments which may help describe the site conditions									
		basis of pres	prepared and executed on the ent knowledge, belief, and reasonably available							
J	Signature and Title:									
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"	Name Dennis C. Gott	□ Owner, Present							
		Street 115 West Jackson B	IX Owner, Past ☐ Transporter							
		City Chicago State TI, Zip Code 60604 □ Operat								
		Signature Qo C	Operator, Fast							